

RETURN OF SUBMITTAL

TITLE OR DESCRIPTION	DATE	SPEC. SECTION
CONTRACTOR'S NAME AND ADDRESS	STATION LOCATION VAMC,	
	CONTRACT NO. V101	PROJECT NO.
	TRANSMITTAL DATE	TRANSMITTAL NO.
FORM OF SUBMITTAL <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> LETTER OF AFFIDAVIT OF COMPLIANCE</div> <div style="width: 33%;"><input type="checkbox"/> SHOP DRAWINGS</div> <div style="width: 33%;"><input type="checkbox"/> DATA SHEETS</div> <div style="width: 33%;"><input type="checkbox"/> BROCHURE</div> <div style="width: 33%;"><input type="checkbox"/> PHYSICAL SAMPLE</div> <div style="width: 33%;"><input type="checkbox"/> MANUFACTURERS' LITERATURE OF CATALOG CUTS</div> <div style="width: 33%;"><input type="checkbox"/> TEST REPORTS</div> <div style="width: 33%;"><input type="checkbox"/> OTHER (<i>Specify</i>)</div> </div>		
DEPARTMENT OF VETERANS AFFAIRS ACTION		
NO. OF COPIES RETURNED		
AUTHORITY FOR APPROVAL/DISAPPROVAL (<i>Check applicable box</i>) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED AS NOTED <input type="checkbox"/> REJECTED; RESUBMIT <input type="checkbox"/> NO ACTION <input type="checkbox"/> NO DEVIATION NOTED; NONE APPROVED </div>		
REASON FOR DISAPPROVAL OR REMARKS		
SUBMITTALS ACTED UPON AND VA FILE NUMBERS ASSIGNED <i>(File numbers on disapproved submittals are for record purposes only)</i>		
DESCRIPTION	SUPPLIER OR MANUFACTURER	VA FILE NO.
SIGNATURE AND TITLE OF AUTHORIZING OFFICIAL		DATE